

QUALITY MANAGEMENT VISIT REPORT

AIREDALE NHS FOUNDATION TRUST

1ST OCTOBER 2014

VISITING PANEL MEMBERS

Mr Craig Irvine (Chair)	Head of School – Foundation
Mr Ye Myint	PGDME Barnsley
Mr Kevin Sherman	APD
Mr Andrew Brennan	APD (link)
Mrs Julie Platts	Quality Manager
Mrs Vicky Jones	Administrator
Mrs Alison Poxton	Administrator

Specialties Visited: **Surgery**
 Medicine

This report has been agreed with the Trust.

The Trust Visit Report will be published on Health Education Yorkshire and the Humber's Website

Conditions that are RAG rated as Amber, Red and Red* will be reported to the GMC as part of HEYH's Reporting process, the reports are published on the GMC website.

Date of First Draft	5/10/2014
First Draft Submitted to Trust	15/10/2014
Trust comments to be submitted by	16/10/2014
Final Report circulated	20/10/2014

NOTABLE PRACTICE

Notable Practice 1

GMC Domain 1 - PATIENT SAFETY

Evening induction

August 2014 saw the first 'evening induction' on changeover day at Airedale Hospital. A shortened induction programme was run 1900-2030 on 6 August 2014 to allow critical induction information to be given to trainees who were about to start on the night shift and for those who had just worked night shift in their previous post. The 'clinical skills' elements of the full induction program are available via the clinical skill centre. There was very positive feedback from the trainees involved and similar events are planned for September, October 2014 and for the February and August changeovers in 2015.

CONDITIONS

Condition 1 (continues from condition 4 from the QM report from June 2013 and condition 5 from the revisit on 9 January 2014)

GMC Domain 1 - PATIENT SAFETY - Handover

Foundation School and Schools of Medicine and Surgery

There are continuing issues around surgical handover and it was clear the system 1 (electronic handover package) process was being used inconsistently. Trainees said they did initially input into the System 1 when they commenced in post but found their supervisors did not always review the information and subsequently have, to a large extent, discontinued its use. However, trainers raised concerns that trainees are not updating the system.

Although consultant to consultant morning handover does take place in medicine, the trainees are not formally included in this so there is no clear chain of information in place. Similarly, in surgery, a StR to StR handover takes place with more junior trainees kept out of the loop. It should be noted that all the trainees interviewed agreed this was a communication issue rather than a patient safety one at this time.

Trainees also highlighted that there needs to be more clarity on who manages the outlying patients as this is not always apparent to them.

In Medicine the multiprofessional approach to evening handover was identified as good practice.

Action To Be Taken:

The Trust to investigate the inconsistent use of the system 1 package.

The Trust to roll out the multiprofessional formal evening handover in medicine to morning handover in medicine and morning/evening handover in surgery.

The Trust to clarify which team manages outlying patients.

RAG Rating:



Timeline: 31 December 2014

Evidence/Monitoring:

1. A copy of the investigation report into the inconsistent use of system 1.
2. Confirmation from the Trust that multiprofessional formal handover has been implemented for medical and surgery both in the morning and evening, using the medicine evening handover as current best practice.
3. Evidence that the current lack of clarity of who manages outlying patients has been addressed.

Condition 2 (continues from condition 3 from the January 2014 QM report)

GMC Domain 1 - PATIENT SAFETY - Work Intensity

FY1 and FY2

Airedale NHS Foundation Trust

School – Foundation

Foundation doctors continued to report their overall heavy workload was a problem and that this significantly hampered training. The FY1 trainees reported that it was difficult for them to attend teaching opportunities as they could not be released from routine ward duties due to the amount of tasks they are required to do. They also advised the panel that this situation was also leading to their shifts overrunning on a regular basis.

Action To Be Taken:

The Trust to carefully monitor Foundation doctor working hours and take into account how the ANPs are impacting on this.

RAG Rating:



Timeline: 31/12/2014

Evidence/Monitoring:

Evidence/Monitoring: Trust to provide a report on Foundation doctors working hours by 31 December 2014 and action plan to improve access to educational opportunities

Condition 3

GMC Domain 5 - DELIVERY OF THE CURRICULUM

School of Medicine

Core trainees reported there was no formal training available to them locally. They also said there was not a culture of conducting grand ward rounds that would provide valuable teaching opportunities.

Action To Be Taken:

Instigate a teaching programme for core medical trainees, to incorporate PACES, and explore possible joint teaching opportunities with neighbouring trusts.

Introduce a regular grand round or similar educational activity

RAG Rating:



Timeline: 31/12/2014

Evidence/Monitoring:

Teaching programme for CMTs to incorporate PACES and explore joint teaching opportunities with neighbouring trusts.

Evidence that a review of the possibility of instigating grand ward rounds has taken place.

RAG guidance can be found at Appendix 1.

FINAL COMMENTS

The Trust is to be commended on their organisation of the visit and the number of trainees who engaged with the process. In addition, it should be noted that Dr Crossley's presentation was a useful update for the visiting panel.

All trainees reported that the trainers are supportive and that they enjoyed working at Airedale. They described a friendly atmosphere with a team approach.

All surgical trainees would be happy to recommend the posts to colleagues as would over 95% of medicine trainees. Although the higher trainees were new in post they confirmed the outgoing postholders had provided positive feedback about the placements.

The consent training passport, identified as notable practice at a previous visit, is still working successfully according to the trainee feedback.

It was noted that 2 of the 4 Higher trainees interviewed had specifically requested a placement at the Trust.

It should be noted there were no reports of undermining behaviour towards trainees.

Induction, both Trust and departmental, appeared to be working well but trainees in T&O would welcome a familiarisation tour of the hospital as part of their induction.

The trainees felt it would be useful if the library could stay open until 5.30 pm but otherwise found the service that was offered to be of a high standard. There was a perceived lack of clinical skills/simulation training but it was recognised that the recently appointed simulation lead should address this and will be this will be discussed at the regular DME/APD meetings.

The level of wifi and 3G access is extremely poor and this was highlighted repeatedly by both trainers and trainees as a major issue. It is apparent that all user wifi throughout the building needs to be implemented urgently to allow the clinical IT packages that have been introduced to be effective. There were also reports of difficulties with the national NLMS mandatory training software with an example given of a trainee completing all five modules and the system not logging she had completed them but it was recognised this was not an issue the Trust could resolve. It was also recommended that the order comms system should be rolled out for Radiology.

The panel felt that the new substantive medical education appointments have made a positive difference to the delivery of education and training at the Trust. The panel also felt that it was a positive step that there would be a PA allocation for all Clinical and Educational Supervisors.

Approval Status

Approved pending satisfactory completion of conditions set out in this report.

Signed on behalf of HEYH

Name: Mr Craig Irvine

Title: Deputy Foundation School Director

Date: 20/10/2014

Signed on behalf of Trust

Name: Dr Meg Crossley

Position: Director of Medical Education

Date: 20/10/2014

RAG Rating Guidance

The RAG rating guidance is based on the GMC RAG rating to ensure a consistent approach. The model takes into account impact and likelihood.

Impact

This takes into account:

- a) patient or trainee safety
- b) the risk of trainees not progressing in their training
- c) educational experience – eg, the educational culture, the quality of formal/informal teaching

A concern can be rated high, medium, or low impact according to the following situations:

High impact:

- patients or trainees within the training environment are being put at risk of coming to harm
- trainees are unable to achieve required outcomes due to poor quality of the training posts/ programme

Medium impact:

- trainees are able to achieve required outcomes, but the quality of education and training is recognised as requiring improvement
- patients within the training environment are receiving safe care, but the quality of their care is recognised as requiring improvement

Low impact:

- concerns have a minimal impact on a trainee's education and training, or the quality of provision for the patient.

Likelihood

This measures the frequency at which concerns arise eg. if a rota has a gap because of one-off last minute sickness absence, the likelihood of concerns occurring as a result would be low.

High likelihood:

- the concern occurs with enough frequency that patients or trainees could be put at risk on a regular basis. What is considered to be 'enough frequency' may vary depending on the concern eg. if rotas have consistent gaps so that there is a lack of safe cover arrangements, the likelihood of concerns arising as a result would be 'high'.

Medium likelihood:

- the concern occurs with enough frequency that if left unaddressed could result in patient safety concerns or affect the quality of education and training, eg. if the rota is normally full but there are no reliable arrangements to cover for sickness absence, the likelihood of concerns arising as a result would be 'medium'.

Low likelihood:

- the concern is unlikely to occur again eg. if a rota has a gap because of several unexpected sickness absences occurring at once, the likelihood of concerns arising as a result would be 'low'.

Risk

The risk is then determined by both the impact and likelihood, and will result in a RAG Rating, according to the below matrix:

Likelihood	IMPACT		
	Low	Medium	High
Low	Green	Green	Amber
Medium	Green	Amber	Red
High	Amber	Red	Red*

Please note:

* These conditions will be referred to the GMC Responses to Concerns process and will be closely monitored

Source: GMC Guidance for Deaneries, July 2012